



www.icare24.co.uk

Rocky Lane House  
Aston Cross Business Village  
Rocky Lane  
Birmingham  
B6 5RQ  
Tel: 0844 823 6888

This must be emailed to [timesheets@icare24.co.uk](mailto:timesheets@icare24.co.uk) by **Monday 5:00pm**, in order to facilitate the payment.

Please contact your Booking Consultant directly for any queries.

Hospital / Home:			
Address:			
Telephone No:		Order Number:	
Name of Ward:		Type of Ward:	
Candidate / Nurse Name:		Qualification / Post:	
Employee No.		Week Ending (Sunday)	

Day rate and night rate hours may vary from client to client. Saturday, Sunday and Bank Holiday rate hours may also vary from client to client. Please check with your iCare24 Limited contract as to which shift pattern applies before accepting an assignment.

Day	Date e.g. 01.06/21	Start Time e.g. 07.00	Finish Time e.g. 18.00	Number of Hours	Break Time	Time Worked	Grade or Type	Authorised
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Total Hours								

### FAO: Approved Signatory

Total Pay Hours in Words  
(Excluding Breaks) .....

I am an authorised signatory for this Customer. I am signing below to confirm that both the pay point and the hours/days that I am authorising are accurate and I approve payment.  
I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

Signed By:

Print Name:

Date:

### FAO: Candidate Working

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I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/days detailed on this timesheet.  
I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and the civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed By:

Print Name:

Date:

Timesheet  
Ref No.

### Feedback Reference Form (For Client Only)

Poor - 1    Satisfactory - 2    Good - 3    Excellent - 4    Unable to comment - n/a

Type	1	2	3	4	n/a	Comments
Clinical Skills						
Clinical Knowledge						
Organizational Skills						
Management Skills						
Willingness To Learn						
Contribution to the Department						
Punctuality						
Reliability						
Self Motivation						

Were there any concerns or issues with the workers?

Yes/No

Would you be happy to have the candidate back?

Yes/No

Induction Completed by Client (only applies to 1st shift)

Yes/No

You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line.

PLEASE SIGN AND RETURN THE:

WHITE COPY TO ICARE24 LIMITED

BLUE COPY TO BE KEPT BY THE TEMP

YELLOW COPY TO BE KEPT BY THE CLIENT